

# AFFIDAVIT OF CORRECTION TO BIRTH RECORD

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f, f: 10/31/15

## SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Enter Correct Information Concerning Person Whose Birth Record is Being Amended	REGISTRANT'S FULL NAME AT BIRTH <b>Christine Powers</b>				STATE FILE OR BIRTH NUMBER <b>15-037447</b>	
	BIRTH DATE	Month <b>Sep</b>	Day <b>8</b>	Year <b>1915</b>	CITY OR TOWN <b>Spartanburg</b>	COUNTY <b>SC</b>

ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR	BIRTH CERTIFICATE SHOWS	SHOULD BE
	<b>given name omitted</b>	<b>Powers --</b>	<b>Christine Powers</b>

AFFIDAVIT NOTARY (AFFIX SEAL)	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Christine Powers</i>		RELATIONSHIP <b>Self</b>
	SUBSCRIBED AND SWORN TO BEFORE ME ON <b>Dec 12 19 79</b>	SIGNATURE OF NOTARY <i>Carolyn R. Mabry</i>	NOTARY COMMISSION EXPIRES <b>Dec 15 19 80</b>

AFFIDAVIT NOTARY (AFFIX SEAL)	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER)		RELATIONSHIP
	SUBSCRIBED AND SWORN TO BEFORE ME ON <b>19</b>	SIGNATURE OF NOTARY	NOTARY COMMISSION EXPIRES <b>19</b>

DO NOT WRITE BELOW THIS LINE

ABSTRACT of Supporting Evidence (for health dept. use)	NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND DATE OF ISSUE)		DATE ORIGINAL DOCUMENT WAS MADE
	1	<b>Marriage License ,Book V, Page 670, Spartanburg, SC</b>	<b>Dec 22, 1938</b>
	2		
	3		

INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE	1	<b>Christine Powers, age: 23</b>
	2	
	3	

DHEC No. 613

Rev. 2/75

ADDITIONAL INFORMATION			
I certify that I have examined the documents referred to above, that they show no changes or erasures, and appear to be authentic.	ASSISTANT STATE REGISTRAR <i>Ann J. Owens</i>	EVIDENCE REVIEWED BY <i>Carolyn R. Mabry</i>	DATE FILED <b>12-14-79</b>

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